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**CERTIFICATE OF TRANSMITTAL**

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Date: April 12, 2007

Express Mail Label No. EV958380474US

By: 

Carolyn H. Bates

Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Zinato

Serial No. 10/549,388

Filed: September 15, 2005

For: METHOD AND ELECTRONIC DEVICE USED TO SYNTHESISE THE SOUND OF CHURCH ORGAN FLUE PIPES BY TAKING ADVANTAGE OF THE PHYSICAL MODELING TECHNIQUE OF ACOUSTIC INSTRUMENTS

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE  | ADD.<br>FEE | OR | RATE  | ADD.<br>FEE |
|---|---|-------|---------------------------------------|------------------|-------|-------------|----|-------|-------------|
| TOTAL                                     | 11  | MINUS | ** 20                                 | 0                | x 25  | \$ -0-      |    | x 50  | \$          |
| INDEP                                     | 2   | MINUS | *** 3                                 | 0                | x 100 | \$ -0-      |    | x 200 | \$          |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  | x 180 | \$ -0-      |    | x 360 | \$          |
|   |   |       |                                       |                  | TOTAL | \$ -0-      | OR | TOTAL | \$          |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

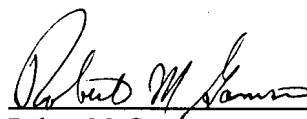
☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 05222-PCT-PA (0030.0528)  
FORM PTO-1083



Robert M. Gamson  
Reg. No. 32.986